
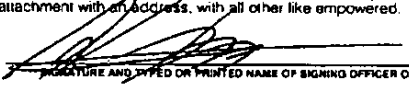


FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90025 001 ***150.00

09-14-2007 90025 002 ***400.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000030675			
1. Entity Name LIGHTNING IN A CUP, INC.			
Principal Place of Business 647 CLEVELAND ST. CLEARWATER, FL 33755 US		Mailing Address 647 CLEVELAND ST. CLEARWATER, FL 33755 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3465865		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, MICHAEL C 1230 ALOHA LN. CLEARWATER, FL 33755		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO WEBB, MICHAEL C 1230 ALOHA LN CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO KIRBY, BRIAN M 705 SKYVIEW AVE. CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		8-15-07 727 776-3117 Date Daytime Phone #	

ATTACHMENT

September 12, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Lightning In A Cup, Inc.
647 Cleveland Street
Clearwater, FL 33756

Subject: Lightning In A Cup, Inc.

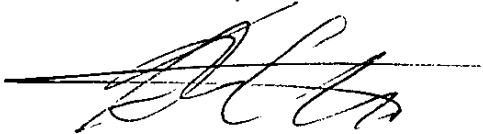
Reference #: P06000030675

To Whom It May Concern:

I am writing this letter to request a waiver of the fine for filing late. This is our first year of business and the first time for us to have filed a state corporate return. We used professional help but were not aware of any filing or late fees. Enclosed find a check for filing and a separate check for the late fee. If there is any possible way to waiver the late fee we would greatly appreciate it.

Thank-you for your attention in this matter. If there are any questions or any help that I may offer, please feel free to call 727-776-3117.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Kirby", written over a horizontal line.

Brian Kirby